

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	Paper
Computer Readable Form (CRF)::	Yes
Number of copies of CRF::	2
Title::	BIOLOGICAL MATERIAL
Attorney Docket Number::	3007-1016-1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	29
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED KINGDOM  
Status:: Full Capacity  
Given Name:: BRYAN  
Middle Name:: PAUL  
Family Name:: MORGAN  
City of Residence:: CARDIFF  
State or Province of Residence::  
Country of Residence:: UNITED KINGDOM  
Street of Mailing Address:: UNIVERSITY OF WALES COLLEGE OF  
MEDICINE  
HEATH PARK  
City of Mailing Address:: CARDIFF  
State or Province of Mailing Address::  
Country of Mailing Address:: UNITED KINGDOM  
Postal or Zip Code of Mailing Address:: CF14 1XN

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED KINGDOM  
Status:: Full Capacity  
Given Name:: NEIL  
Middle Name:: KEVIN  
Family Name:: RUSHMERE  
City of Residence:: CARDIFF  
State or Province of Residence::  
Country of Residence:: UNITED KINGDOM  
Street of Mailing Address:: UNIVERSITY OF WALES COLLEGE OF  
MEDICINE  
HEATH PARK  
City of Mailing Address:: CARDIFF  
State or Province of Mailing Address::  
Country of Mailing Address:: UNITED KINGDOM

Postal or Zip Code of Mailing Address:: CF14 1XN

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED KINGDOM  
Status:: Full Capacity  
Given Name:: STEWART  
Middle Name:: JAMES  
Family Name:: HINCHLIFFE  
City of Residence:: CARDIFF  
State or Province of Residence::  
Country of Residence:: UNITED KINGDOM  
Street of Mailing Address:: UNIVERSITY OF WALES COLLEGE OF  
MEDICINE  
HEATH PARK  
City of Mailing Address:: CARDIFF  
State or Province of Mailing Address::  
Country of Mailing Address:: UNITED KINGDOM  
Postal or Zip Code of Mailing Address:: CF14 1XN

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: NETHERLANDS  
Status:: Full Capacity  
Given Name:: CARMEN  
Middle Name:: WILMA  
Family Name:: VAN DEN BERG  
City of Residence:: CARDIFF  
State or Province of Residence::  
Country of Residence:: UNITED KINGDOM  
Street of Mailing Address:: UNIVERSITY OF WALES COLLEGE OF  
MEDICINE  
HEATH PARK  
City of Mailing Address:: CARDIFF  
State or Province of Mailing Address::  
Country of Mailing Address:: UNITED KINGDOM

Postal or Zip Code of Mailing Address:: CF14 1XN

**Correspondence Information**

Correspondence Customer Number:: 000466

**Representative Information**

Representative Customer Number::	000466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Division of	09/673,032	12/6/00
09/673,032	National Stage of	PCT/GB99/01085	4/8/99

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
GREAT BRITAIN	9807520.3	4/9/98	Yes

**Assignment Information**

Assignee Name:: UNIVERSITY OF WALES COLLEGE  
OF MEDICINE

Street of Mailing Address:: HEATH PARK

City of Mailing Address:: CARDIFF

State or Province of Mailing Address::

Country of Mailing Address:: UNITED KINGDOM

Postal or Zip Code of Mailing Address:: CF14 1XN